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February 13, 2004

To: All Community Care for Aged and Disabled Providers

All Medicaid Waiver Providers

Subject: Long Term Care (LTC)

Information Letter No. 04-07

Medicaid Vendor Drug Program's Preferred Drug List and Prior

Authorization Of Non-Preferred Drugs

Beginning February 23, 2004, the Texas Health and Human Services Commission (HHSC) Vendor Drug Program will implement a Medicaid Preferred Drug List and Prior Authorization program pursuant to House Bill 2292, 78<sup>th</sup> Legislature. The goal of the Preferred Drug List is to provide cost-effective drugs to Medicaid recipients while ensuring access to care. Under the Preferred Drug List, all drugs currently prescribed to Medicaid recipients will continue to be available. However, drugs on the preferred list will be available without prior authorization, while non-preferred drugs will require prior authorization.

If a recipient is taking a non-preferred drug, the physician may either switch the recipient to a preferred drug or request prior authorization if there is a clinical reason the recipient needs to take the non-preferred drug. To obtain prior authorization, the physician or the physician's staff representative must call the Texas Prior Authorization Call Center to obtain approval for continued use of the drug. If prior authorization is not obtained for a non-preferred drug, the Medicaid Vendor Drug Program will not pay for the drug.

### **How To Obtain Prior Authorization**

Call the Texas Prior Authorization Call Center at:

### **1-877-PA-TEXAS**

(1-877-728-3927)

Monday-Friday 7:30 am - 6:30 pm

Only the prescribing physician or the physician's staff representative may request prior authorization. Prior authorization is good for 12 months. In emergency situations, after hours, or on weekends, pharmacists are authorized to dispense a 72-hour emergency supply of any non-preferred medication without prior approval.

## <u>Information Needed To Request Prior Authorization</u>

### Recipient information:

- Name
- Texas Medicaid ID number
- Date-of-birth
- Reason for requesting override for a non-preferred drug

#### Prescriber information:

- Texas Medicaid provider ID number (5 character Texas license number)
- Physician Name
- Physician address and phone number

## Prescription information:

- Requested drug and strength
- Days supply
- Number of refills

# **HHSC Website Information**

The Preferred Drug List is available on the HHSC website at: <a href="http://www.hhsc.state.tx.us/hcf/vdp/pt/pdl">http://www.hhsc.state.tx.us/hcf/vdp/pt/pdl</a> constr.html

Additional information regarding the Preferred Drug List and the Prior Authorization program may be accessed at the Pharmaceutical and Therapeutics Committee web page at: http://www.hhsc.state.tx.us/HCF/vdp/PT/PA Program.html

For questions about Prior Authorization or the Preferred Drug List, please contact the Prior Authorization Call Center at 1–877-PA—TEXAS (1-877-728-3927).

Sincerely,

Signature on file

Marilyn Eaton Director Long Term Care Services

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